

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2	/					
3		/				
4		/				
5		/				
6	/					
7		/				
8		/				
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47						
48						
49						
50						
Total	3					
Total	6					
Total	9					
Total						
Claims						

May be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
51						
52						
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